

Message Text

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PAGE 01 LOME 00982 062141Z

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FOR AID/AFR/CWR SHEAR

E.O. 11652: N/A

SUBJECT: TOGO NATIONAL FAMILY HEALTH CENTER: FORK IN THE ROAD

REF: STATE 09839

1. THIS MESSAGE IS PRODUCT OF REVIEW BY AMBASSADOR, DCM AND TDY AID OF STATUS SUBJECT PROJECT.
2. RECENT WASHINGTON-LOME DISCUSSION OF FAMILY HEALTH PROJECT SEEMS TO

FOCUS ALMOST EXCLUSIVELY ON ACADEMIC QUESTION OF PRIORITY GOT GIVES TO PREVENTIVE AS OPPOSED TO CURATIVE MEDICINE. IF THERE ARE FUNDAMENTAL OBJECTIONS TO TOGOLESE APPROACH TO HEALTH MATTERS ON AID'S PART, WE SHOULD ADDRESS THEM BEFORE ENTERING INTO NEW ROUND OF DISCUSSIONS WITH GOT OFFICIALS WHICH WOULD STIMULATE THEIR FURTHER EXPECTATIONS OF USG ASSISTANCE. WE REMIND DEPARTMENT THAT US COMMITMENT ON THIS PROJECT WAS MADE IN EXCHANGE OF LETTERS BETWEEN MINISTER HEALTH AND AMBASSADOR IN JANUARY 1975--BEFORE DRAFT OF DAP RECEIVED ACCORDING THO WHOSE PRESCRIPTION WE NOW ARE REQUIRED TO RESHAPE THIS FORMAL COMMITMENT.

3. IT IS BY NO MEANS CLEAR IN WHAT PROPORTIONS TOGO'S HEALTH

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PAGE 02 LOME 00982 062141Z

BUDGET WAS DIVIDED BETWEEN CURATIVE AND PREVENTIVE SERVICES IN

1975, NOR IS IT CLEAR WHAT WILL BE ALLOCATED FOR HEALTH PROGRAM IN 1976-80 DEVELOPMENT PLAN. BULK OF 1976-80 HEALTH MONIES (6.4 OF 7.8 BILLION CFA) WILL BE DEVOTED TO "RESEAU SANITAIRE" WHICH INCLUDES HOSPITALS, WITH AND WITHOUT HEALTH CENTERS, PRIMARY HEALTH CENTERS, MOTHER-CHILD CENTERS, LEPROSARIUMS AND SIMILAR FACILITIES. ALTHOUGH USAID HEALTH TEAM SCHEDULED TO VISIT TOGO PROBABLY COULD ARRIVE AT SOME KIND OF STATISTICAL EXPRESSION OF PROPORTION OF BUDGET DEVOTED, FOR EXAMPLE BY HOSPITAL/HEALTH CENTER, TO PREVENTIVE VERSUS CURATIVE ENDEAVOR, WE DOUBT UTILITY OF SENDING TEAM FOR SUCH PURPOSE.

4. WHAT MAY SEEM TO BE HEAVY EMPHASIS ON CURATIVE MEDICINE IS A RESPONSE TO LOCAL POLITICAL AND SOCIAL REALITIES. A GOVERNMENT WHICH CASTS ITSELF IN A BENEVOLENT ROLE MUST SHOW TANGIBLE PROGRESS IN MAKING AVAILABLE MEDICALCSERVICES. AS TOGOLESE COME INTO INCREASING CONTACT WITH MODERN LIFESTYLE, THEY NO LONGER TAKE FATALISTIC ATTITUDE TO ILLNESS AND THEY EXPECT GOT TO RESPOND TO THEIR NEW EXPECTATIONS. DECISION TO BUILD TEACHING HOSPITAL IS UNDERSTANDABLE RESPONSE TO FACT THAT MOST TOGOLESE MD'S TRAINED ABROAD NEVER RETURN.

5. THESE REALITIES WILL NOT CHANGE SO AS TO ENABLE GOT TO RECEIVE THE LESS THAN \$1 MILLION AID MONEY AT STAKE IN THIS PROJECT. ON OTHER HAND, RESPONSIBLE TOGOLESE ARE FULLY AWARE OF COST- BENEFITS OF PREVENTIVE MEDICINE. GOT BUDGET OVER YEARS HAS PROVIDED FUNDS FOR PURELY PREVENTIVE SERVICES RANGING FROM FIRE BRIGADE "GRAND EPIDEMIES" AND MOTHER-CHILD CENTERS TO MASS INOCULATION CAMPAIGNS AND LEPROSY ERADICATION. PROCESS BY WHICH NEEDS IN TWO SECTORS ARE BALANCED--AS FAR AS WE CAN MAKE OUT-- IS NOT UNLIKE NORMAL BUDGETING PROCESS IN MOST COUNTRIES, INCLUDIING OUR OWN. EACH GOVERNMENT SERVICE, WHETHER PREVENTIVE OR CURATIVE IN ORIENTATION, PLANS TO IMPROVE ITS EFFECTIVENESS AND SUBMITS CORRESPONDING BUDGET REQUESTS. THE GOVERNMENT FINDS ALL REQUESTS DESIRABLE AND REFUSES TO CHOOSE ONE COURSE TO EXCLUSION OF ANOTHER.

6. GIVEN THESE NOT-SO-EXCLUSIVELY TOGOLESE REALITIES, AID CAN BOOST PREVENTIVE MEDICINE HERE BY SUPPORTING AN INSTITUTION WHICH WILL TRAIN PEOPLE IN PREVENTIVE PRACTICES--CHILD CARE AND FAMILY PLANNING--AND SEND THEM OUT TO USE THEIR NEW SKILLS
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PAGE 03 LOME 00982 062141Z

IN DISPENSARIES AND FAMILY HEALTH CENTERS AROUND THE COUNTRY. MOREOVER, A SUCCESSFUL PROJECT MIGHT EASILY ENCOURAGE OTHER TOGOLESE INITIATIVES TO EXPAND PREVENTIVE-ORIENTED SERICES. CERTAINLY, CAUSE OF PREVENTIVE MEDICINE IS BETTER SERVED BY THIS COURSE THAN BY REFUSING PARTICULAR ASSISTANCE WHICH GOT THROUGH TWO MINISTERS HAS REQUESTED.

7. WE AGREE AID SHOULD SEEK REASONABLE ASSURANCES THAT GOT IS,

AS MISSION BELIEVES, COMMITTED TO FAMILY HEALTH CENTER PROJECT.
AID SHOULD NOT, HOWEVER, INSIST UPON CHANGE IN ALLOCATION OF
HEALTH BUDGET BETWEEN PREVENTIVE AND CURATIVE MEDICAL SERVICES.
LATTER COURSE WILL NOT SUCCEED, GIVEN SMALL SIZE OF AID PROGRAMS
IN TOGO AND MINIMAL LEVERAGE THEY GENERATE. TO TRY TO FOLLOW
THIS COURSE WOULD OFFEND TOGOLESE SENSE OF SOVEREIGNTY AND,
LIKE REFTEL, COME VERY CLOSE TO CALLING MINISTER OF PLAN
DOGO'S INTEGRITY INTO QUESTION. THUS, IF AID JUDGES TOGO'S
GENERALIZED COMMITMENT TO PREVENTIVE MEDICINE INSUFFICIENT AND A
BAR TO PROJECT APPRTVAL, MISSION BELIEVES IT WOULD BE IN
BEST INTEREST OF WHAT WE ARE TRYING TO ACHIEVE IN TOGO TO
DROP THIS PROJECT NOW WITHOUT FURTHER ADO. WE MAKE THIS SUGGES-
TION RELUCTANTLY BECAUSE WE BELIEVE THAT FAMILY HEALTH PROJECT
IS SOUND AND DESIRABLE FOR TOGO AND, AT SAME TIME, WOULD PROMOTE
MAJOR US FOREIGN POLICY OBJECTIVE IN POPULATION AREA--AND FINALLY
BECAUSE OUR CREDIBILITY IS ON THE LINE.

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